

Errata

Chu NV, Kong APS, Kim DD, Armstrong D, Baxi S, Deutsch R, Caulfield M, Mudaliar SR, Reitz R, Henry RR, Reaven PD: Differential effects of metformin and troglitazone on cardiovascular risk factors in patients with type 2 diabetes. *Diabetes Care* 25:542–549, 2002

The authors of the above-listed article would like to make the following changes:

On page 542, in the RESULTS section of the abstract, the units for C- reactive protein (CRP) should be mg/l instead of ng/l. On page 546, second column, 15 lines from the bottom, the HDL increase should be given as 11% instead of 9%. The correct sentence is as follows: “Changes in the lipid levels were more favorable in the troglitazone group: triglyceride levels decreased by 21% and HDL increased by 11%.”

American Diabetes Association and National Institute of Diabetes, Digestive and Kidney Diseases: The prevention and delay of type 2 diabetes (Position Statement). *Diabetes Care* 25:742–749, 2002

Under the second bullet in Table 2 on page 747, the word “or” at the end of the second line (between “BMI ≥ 25 kg/m²” and “who”) should be deleted. The correct sentence, “Screening should be *considered* in younger individuals with a BMI ≥ 25 kg/m² who have one of the following risk factors: [. . .],” is shown in the table given here. The online version has already been corrected.

Table 2—Synopsis of recommendations to prevent or delay diabetes

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- Individuals at high risk for developing diabetes need to become aware of the benefits of modest weight loss and participating in regular physical activity.
 - Screening: based on current screening guidelines for diabetes (49), men and women ≥ 45 years of age are candidates for screening to detect IFG or IGT, particularly those with a BMI ≥ 25 kg/m². Screening should be *considered* in younger individuals with a BMI ≥ 25 kg/m² who have one of the following risk factors: a family history of diabetes, have had gestational diabetes or a baby weighing >9 lb, are not Caucasian, have dyslipidemia, or who have hypertension. In individuals with normoglycemia, rescreening at 3-year intervals is reasonable.
 - How to screen: screening should be carried out only as part of a health care office visit. Either an FPG test or 2-h OGTT (75-g glucose load) is appropriate, and positive test results should be confirmed on another day.
 - Intervention strategy: patients with IFG or IGT should be given counseling on weight loss as well as instruction for increasing physical activity. Follow-up counseling appears important for success. Monitoring for the development of diabetes should be performed every 1–2 years. Close attention should be given to, and appropriate treatment given for, other CVD risk factors (e.g., tobacco use, hypertension, dyslipidemia). Drug therapy should not be routinely used to prevent diabetes until more information is known about its cost-effectiveness.
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